

PANDEMIC INFLUENZA NEWSLETTER

2009 PHEO Conference

USACHPPMEUR will host the 5th annual Public Health Emergency Officer (PHEO) conference in Garmisch, Germany in September 2009.

CONFERENCE THEME

Taking into account feedback from previous years, the 2009 PHEO conference has been redesigned to provide a practical, "how-to" approach for pandemic preparedness and response.

TOPICS COVERED

The conference will allow personnel within USEUCOM to discuss an integrated approach to pandemic preparedness. Topics will include reflections on H1N1, local detection of a novel virus, responding to a novel virus, and improving the pandemic planning process.

REGISTRATION INFO

Conference attendance is limited to PHEOs/IMEOs within USEUCOM with appointment orders. Other individuals will be considered on a case-by-case basis. Registration is now closed. For more information, please contact DSN 314-486-7086.



August 2009

Declaration of a Pandemic

2009 PHEO Course

Preliminary Information

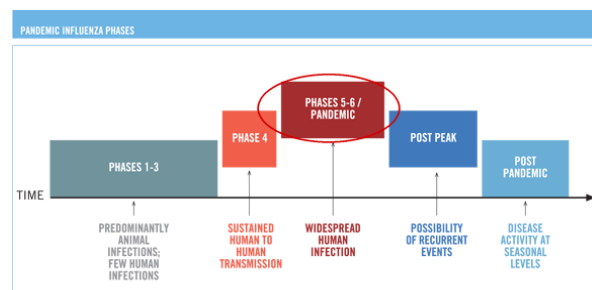
WHO Reporting Requirements

Novel H1N1 Vaccine Info

Declaration of a Pandemic

On 11 June 2009, the World Health Organization (WHO) raised the level of pandemic alert from phase 5 to phase 6. Phase 6 is the highest on the WHO's phase system.

WHO phase 6, the pandemic phase, is characterized by human-to-human transmission of the virus in at least two countries in one WHO region, plus community level outbreaks in at least one other country in a different WHO region. The decision to move to phase 6 marked the beginning of the first pandemic since 1968.



Preliminary Information on Evolving Situation

On 24 July, WHO reported that the number of human cases of pandemic influenza is continuing to substantially increase in some countries, even in those countries that have been affected for some time. WHO also reported that many countries have moved from testing all samples of ill persons to shifting surveillance efforts to monitoring and reporting of trends. For more information on this point, please see the "Changes in Reporting Requirements" section of this report.

WHO also said that the majority of cases are still occurring in younger people, with the median age reported to be 12 to 17 years (based on data from Canada, Chile, Japan, UK, and US), although there are some reports that suggest persons requiring hospitalization and patients with fatal illness may be slightly older. WHO stated that as the disease spreads into communities, the average age of cases is also appearing to increase slightly, which may reflect the situation in many countries where the earliest cases occurred in school-aged populations but later cases occurred in the community. WHO cautioned that the full picture of the pandemic's epidemiology is unknown because seasonal influenza is also circulating and it is still relatively early in the pandemic.

Novel H1N1 Vaccination

On 29 July, US Centers for Disease Control and Prevention (CDC) stated that their Advisory Committee on Immunization Practices (ACIP) met to consider who should receive the novel H1N1 vaccine when it becomes available. The ACIP considered several factors in their decision, including current disease patterns, populations most at risk for severe illness based on current trends, how much vaccine is anticipated and the timing of vaccine availability.

RECOMMENDED GROUPS

The groups recommended to receive the novel H1N1 influenza vaccine include:

- Pregnant women
- Household contacts and caregivers for young children
- All people from 6 months through 24 years of age
- Persons aged 25 through 64 years of age who have certain health conditions

For more information, see the CDC press release at <http://www.cdc.gov/media/pressrel/2009/r090729b.htm>

Preliminary Information on Evolving Situation (continued)

WHO also commented on risk factors: although the risk factors for pandemic disease are not definitively known, risk factors such as existing cardiovascular disease, respiratory disease, diabetes and cancer are currently considered risk factors for serious diseases. According to WHO, asthma and other forms of respiratory diseases have consistently been reported as underlying conditions associated with an augmented risk of severe pandemic disease in several countries. There is also evidence that pregnant women are at higher risk for more severe disease, and one study that suggests obesity may also be a risk factor. WHO also stated that the risk of severe disease may be elevated in some minority populations, but that the potential contributions of cultural, economic and social risk factors are not clear. For additional information, please see the World Health Organization pandemic (H1N1) 2009 briefing note 4, found at http://www.who.int/csr/disease/swineflu/notes/h1n1_situation_20090724/en/index.html.

WHO Reporting Requirements

Previously, WHO had compiled global tables and maps that depicted the spread of illness. However, on 16 July 2009, WHO announced that the data needed for risk assessment are changing. WHO stated that the 2009 influenza pandemic has “spread internationally with unprecedented speed. In past pandemics, influenza viruses have needed more than six months to spread as widely as the new H1N1 virus has spread in less than six weeks”. WHO stated that because a strategy that concentrates on detection and laboratory confirmation and investigation of all cases is extremely time intensive, countries will no longer be required to submit regular reports of individual laboratory-confirmed cases to WHO.

WHO has stated that the focus of surveillance activities will shift toward reporting against the established indicators for the monitoring of season influenza activity. WHO has said that there is still an ongoing need to closely monitor unusual events, such as clusters of cases of severe or fatal pandemic cases, clusters of respiratory illness requiring hospitalization, or unexplained or unusual clinical patterns associated with serious or fatal cases. WHO stated that signals to be vigilant for include spikes in rates of absenteeism from schools or workplaces, or a more severe disease pattern. For additional information, please refer to the WHO pandemic (H1N1) 2009 briefing note 3, http://www.who.int/csr/disease/swineflu/notes/h1n1_surveillance_20090710/en/index.html.

USACHPPMEUR received a grant from the DoD Global Emerging Infections Surveillance and Response System (GEIS). This grant was awarded to USACHPPMEUR to enhance the preparedness efforts of the DoD by providing influenza surveillance, risk communication, and preparedness education.

Beginning in February 2008, a monthly health education/risk communication newsletter has been distributed to personnel throughout the USEUCOM AOR in support of these efforts. Articles and resources included in this newsletter are from open sources and are unclassified. This newsletter is produced by USACHPPMEUR and items may not reflect the views of the United States Government. Please share this newsletter with all personnel affiliated with USEUCOM.